neurosis. On the other hand, he agrees with Jolly, Eisenlohr and others that the individual symptoms which are known under the generic term of "traumatic neurosis" are so different from each other that it would be preferable to dispense with this collective name, and to return to the former designations indicative of the principal feature of the disease.

Thus we have an organic traumatic nervous disease, a cerebro-spinal concussion, a traumatic hysteria, a cerebral or cerebro-spinal neurasthenia, or a psychosis, etc.

In this way the physician is enabled to undertake with greater confidence the management of these cases, and to classify them accordingly.—*Centralbl. f. klin. Med., No. 11, 1890.* W. M. L.

CHRONIC ARTICULAR RHEUMATISM AND ITS RELATION TO THE NERVOUS SYSTEM.

Wichmann (Centrbl. f. klin. Med., No. 12, 1891) has endeavored to collect and explain the nervous symptoms occurring in chronic articular rheumatism, as a result of his own observations in a large number of cases. His statements relate exclusively to chronic rheumatic polyarticular inflammation. He believes that an involvement of the cord is indicated by the large number of symmetrical affections which occur in chronic articular rheumatism; by the symmetrical areas of erythema in the beginning of the joint disease; by the symmetrical hygromata of the bursæ mucosæ and *nodosités rhumatismal souscutanèes* (Troisier), of which latter the author has seen four cases; moreover, swelling of the bone and local proliferation of the same, such as Heberden's phalangeal nodes, appear upon both sides in the neighborhood of the joints. The bilateral flatfoot, and, above all, the well-known symmetrical occurrence of the joint affections themselves, seem to arise under the influence of the spinal cord. It remains an open question, however, whether the cord is primarily affected or only involved by reflex action. It is well known that Charcot explains the contracture of the flexors occurring so frequently in chronic rheumatism by assuming that the inflammatory irritation of the articular nerves passes into the spinal centres, which reflect the irritation to the muscles through the motor nerves. The predominance of the flexors over the extensors would gradually produce a contracture of the flexors. This hypothesis will not explain the occurrence of extensor contractures. Furthermore, one must consider the action of disturbed trophic nerves or centres, in order to understand the twisting of the terminal phalanges toward the radial side as they are seen in chronic articular rheumatism of the fingers. Moreover, primary nerve irritation would remain to be proved, as in other irritative joint affections, such as gouty arthritis and arthritis deformans, such contractures do not take place. On the other hand, similar contractures as in chronic articular rheumatism are observed in cerebral diseases (infantile spastic hemiplegia, etc.). If, therefore, Charcot's hypothesis is untenable, it is the opinion of the author, in view of the symmetrical phenomena, that we may assume the spinal cord to be the seat of the lesion; for it is to be considered that arthropathies and arthritides (arthritis neurotica) occur in affections of the spinal cord, such as tabes and punctured wounds of the cord. By this process of reasoning he inclines to the opinion that in chronic articular rheumatism the affection of the cord is the primary element, and that the disease of the joints and the concomitant symptoms are dependent thereon. In the light of the spinal etiology, he further discusses the trophic and vasomotor disturbances appearing in chronic articular rheumatism, such as the changes in the skin, glossy skin, scleroderma, pigmentation, etc., peliosis and purpura rheumatica and the perspiration. He also utilizes the sensory disturbances in support of his hypothesis. W. M. L.

PARASITES OF THE BRAIN.

Dr. Szczypiorski, in a thesis recently presented to the faculty of Paris, gives us the following important points regarding these parasites:

Those which have been found up to the present time are the cysticerci and the echinococci, of which the former are much more frequent and more numerous.

In the fresh state they can always be recognized by the undulatory structure of the caudal vesicle. They may be produced from a tape-worm existing in the intestine of the person (auto-infection). They are located in the cortex of the brain. The echinococci are rarer than the former, and consist generally of a single cyst filled with fluid. They are located, as a rule, in the deeper parts of the brain. They enter the circulation from the digestive tract, and are carried to the brain by the blood-vessels.